

Statistical Note: Ambulance Quality Indicators (AQI)

The average C2 ambulance response time in England in September 2023 was higher than in the five previous months, but lower than in every month of 2022.

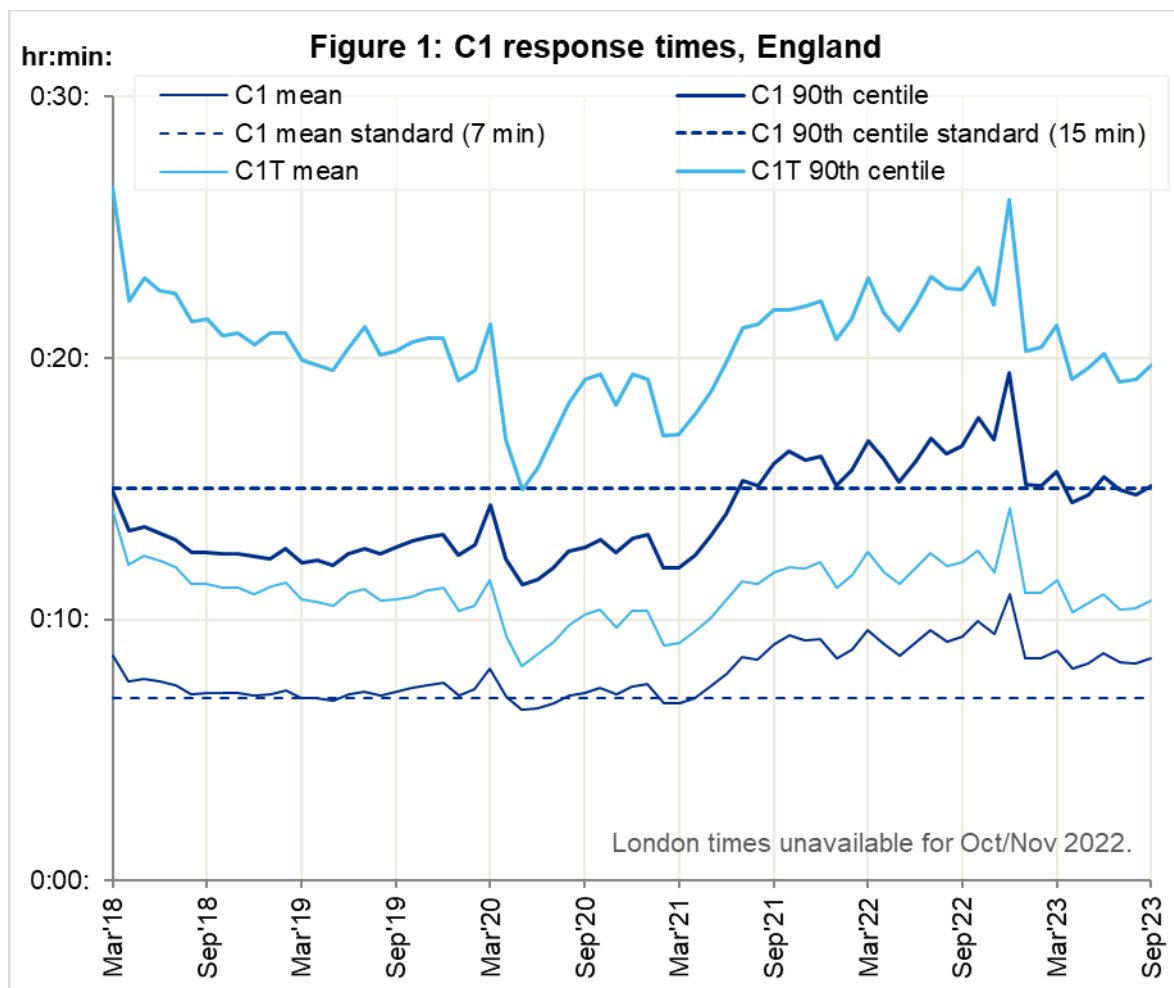
For stroke patients, the time to hospital arrival and time to CT scan decreased in spring 2023, although the time to thrombolysis increased.

1. Ambulance Systems Indicators (AmbSYS)

1.1 Response times

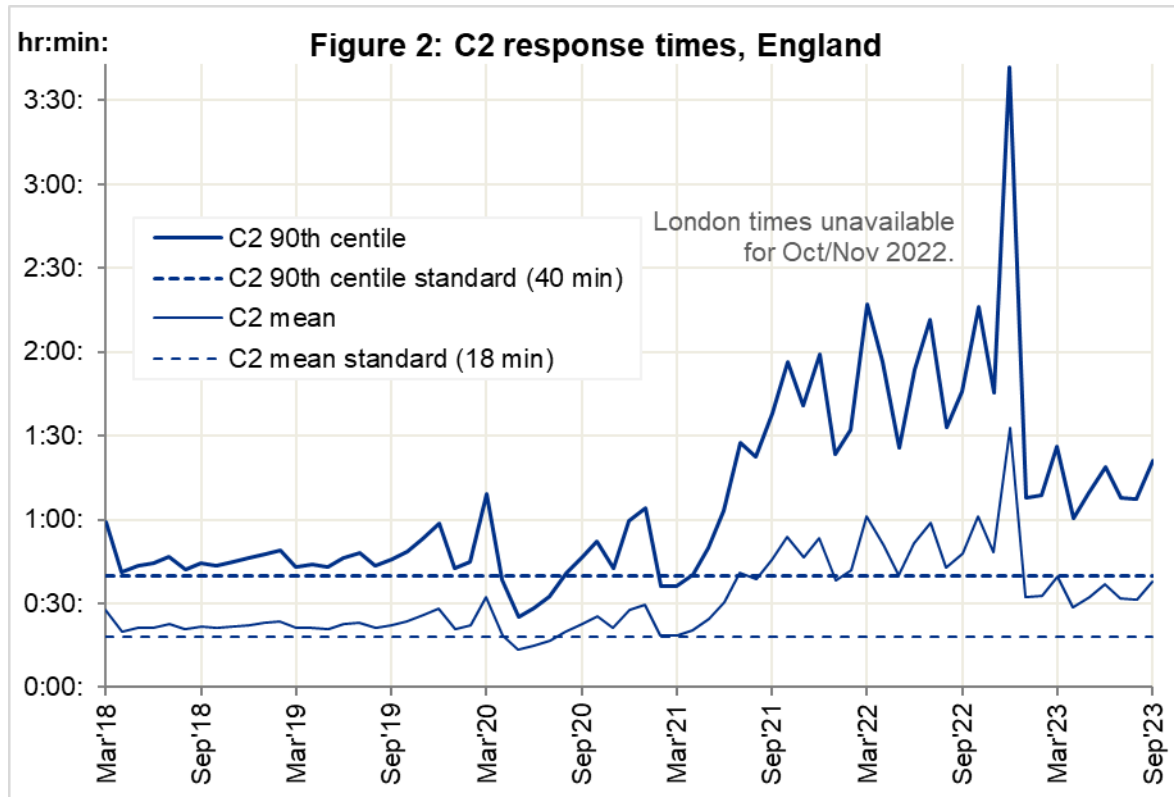
For England, the mean average response time in September 2023 for the most urgent Category, C1, was 8 minutes 31 seconds. The 90th centile time was 15:07, so both standards¹ were missed (Figure 1).

For C1T (time to the arrival of the transporting vehicle for C1 incidents), the average was 10:42, and the 90th centile 19:44.

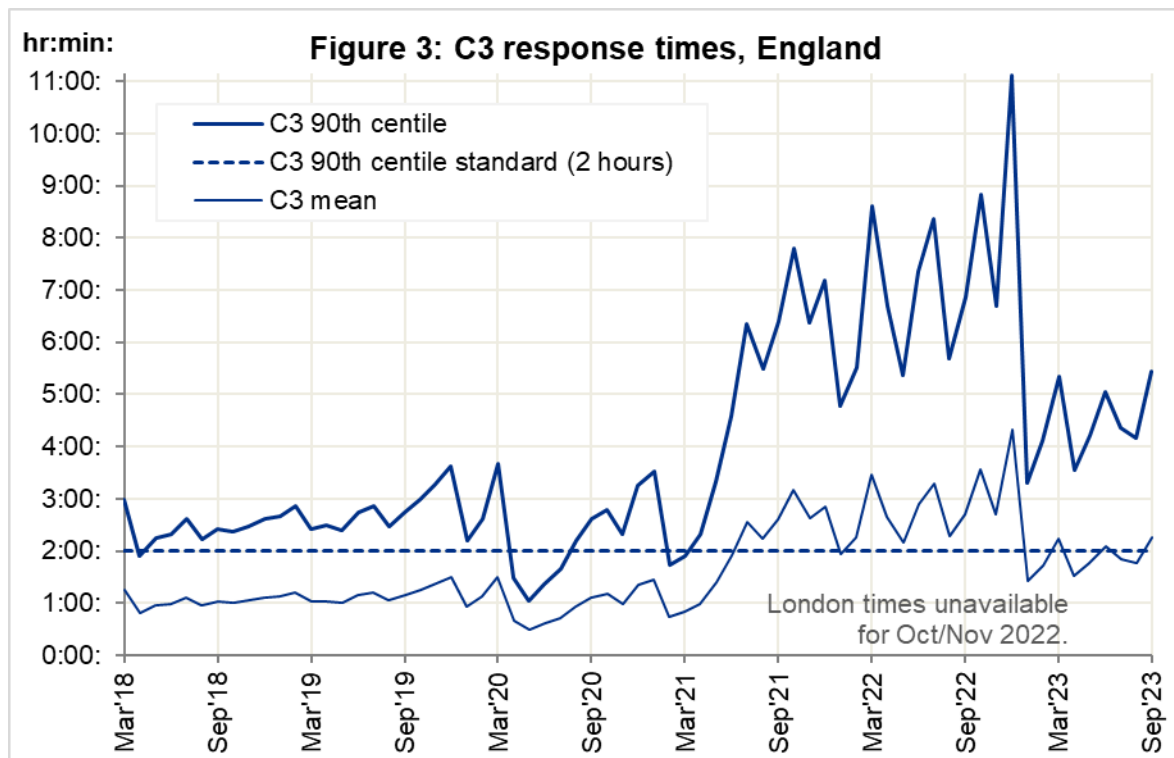


¹ Standards in the NHS Constitution Handbook: www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

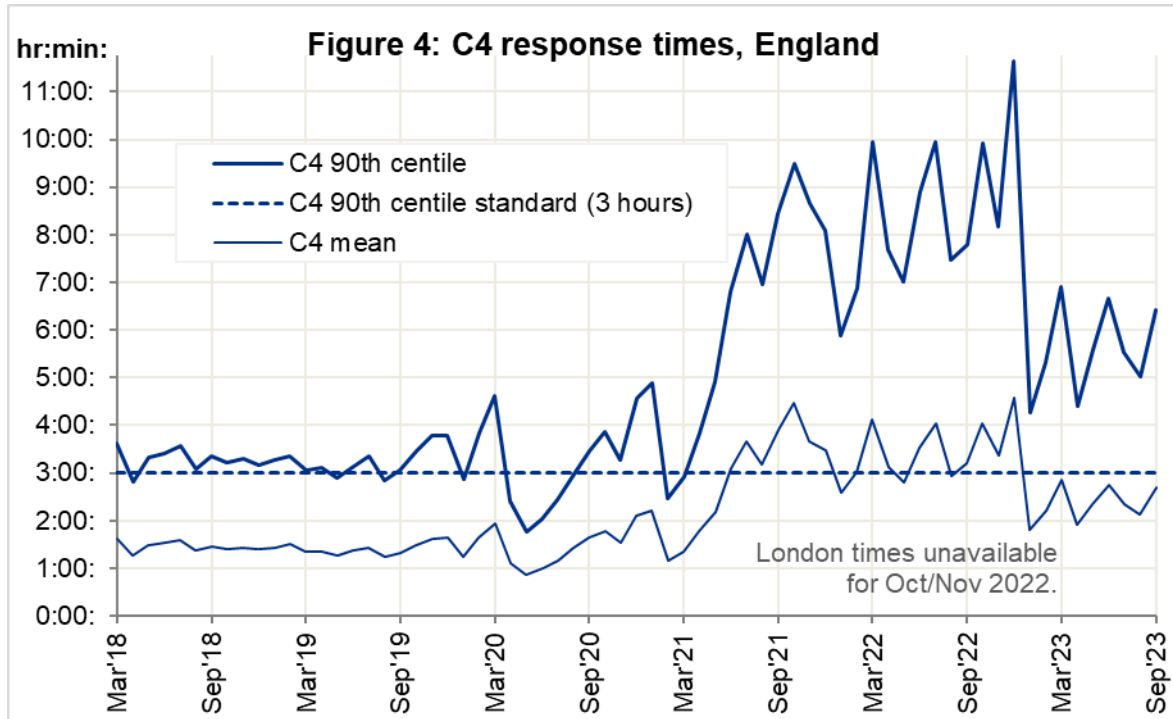
The C2 average for England in September 2023 was 37:38, and the 90th centile was 1:21:04 (Figure 2).



The C3 average was 2:15:59 and the 90th centile 5:26:59, each longer than in the previous eight months, but shorter than in the seven months before that. (Figure 3)

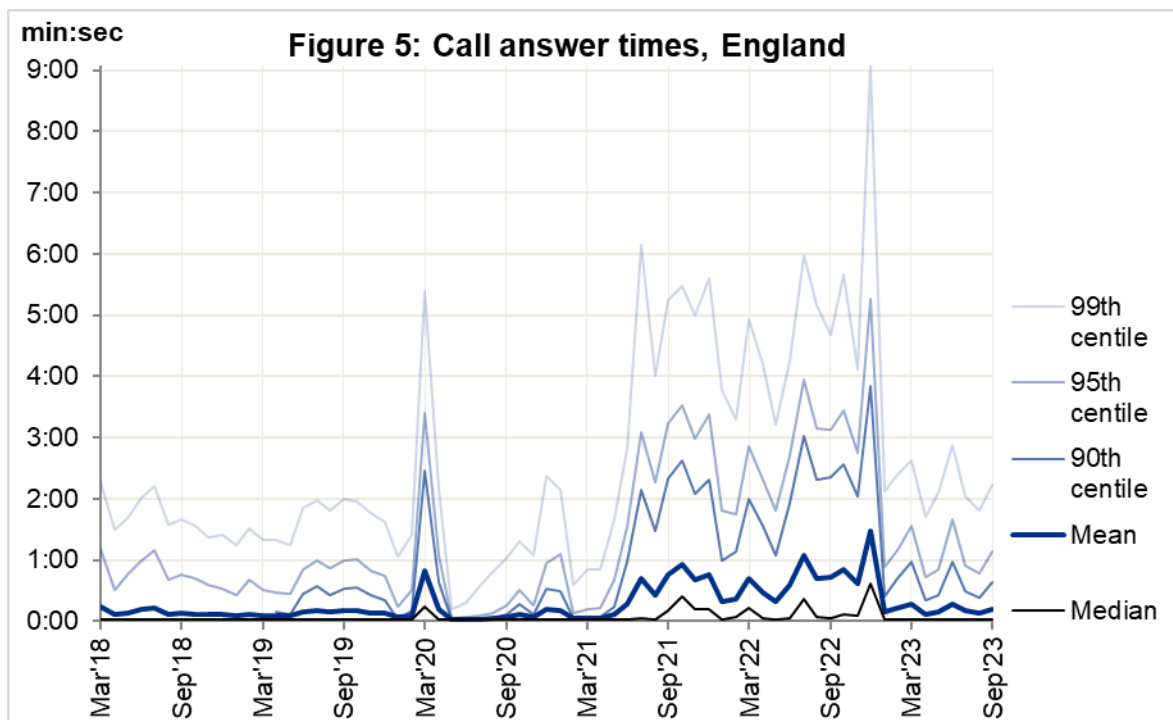


The C4 average was 2:41:00 and the 90th centile 6:25:35. (Figure 4)



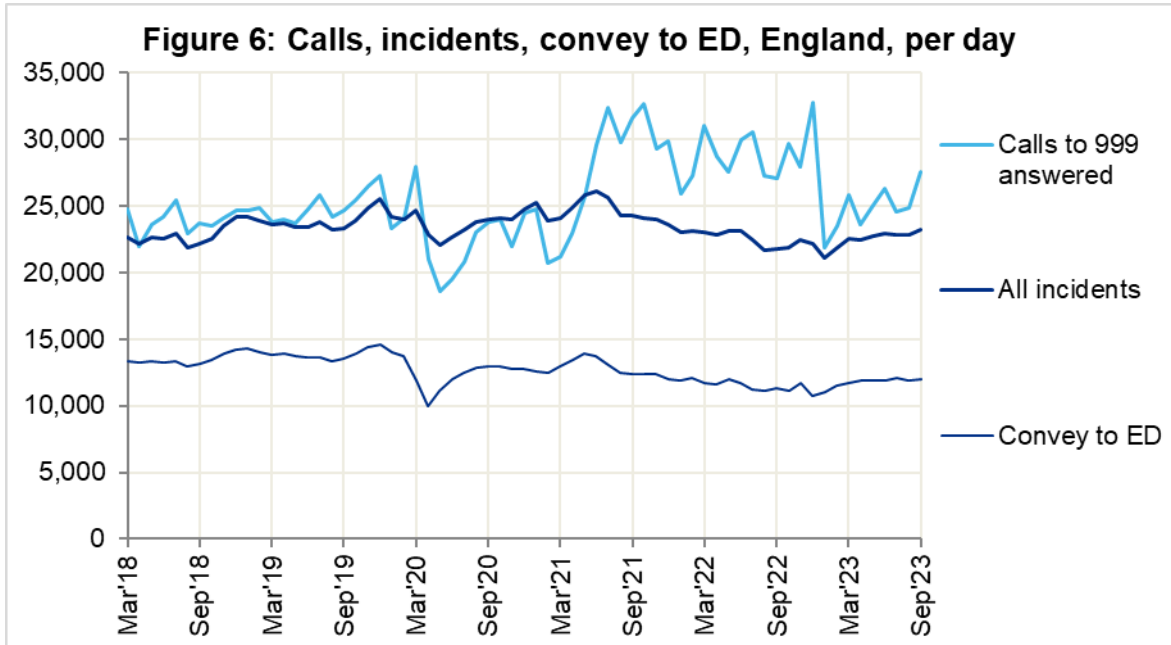
1.2 Other Systems Indicators

In September 2023, the average (12 seconds) 999 call answer time, and the 90th, 95th, and 99th centiles (38, 68, and 133s) were each a little larger than the figures for 2023-24 so far. (Figure 5)

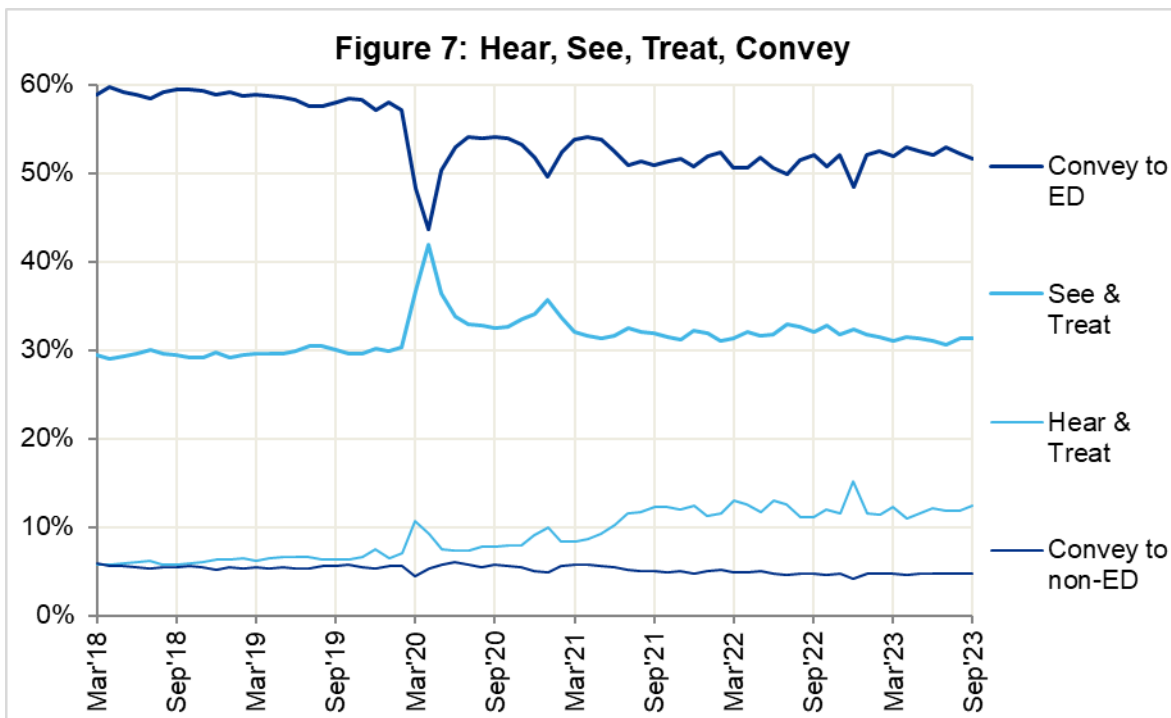


The count of 999 calls answered was 827,690 in September 2023. This was 27,590 per day which was the largest in the months of 2023 so far. (Figure 6)

There were 697,411 incidents in September 2023, or 23,247 per day, the largest since December 2021. 359,934 (11,998 per day) had conveyance to ED.



Of all September 2023 incidents in England, 12.4% were resolved on the telephone (Hear & Treat), 31.3% were resolved on the scene (See & Treat), 51.6% had conveyance to an emergency department (ED), and the other 4.7% had conveyance to non-ED, all within a percentage point of the averages for 2022-23 and for 2023-24 so far. (Figure 7)



2. Ambulance Clinical Outcomes (AmbCO)

We continue to describe stroke data when we publish AmbCO data for February, May, August, or November, and data for STEMI (a type of heart attack) and cardiac arrest in each month before that.

2.1 Stroke diagnosis bundle

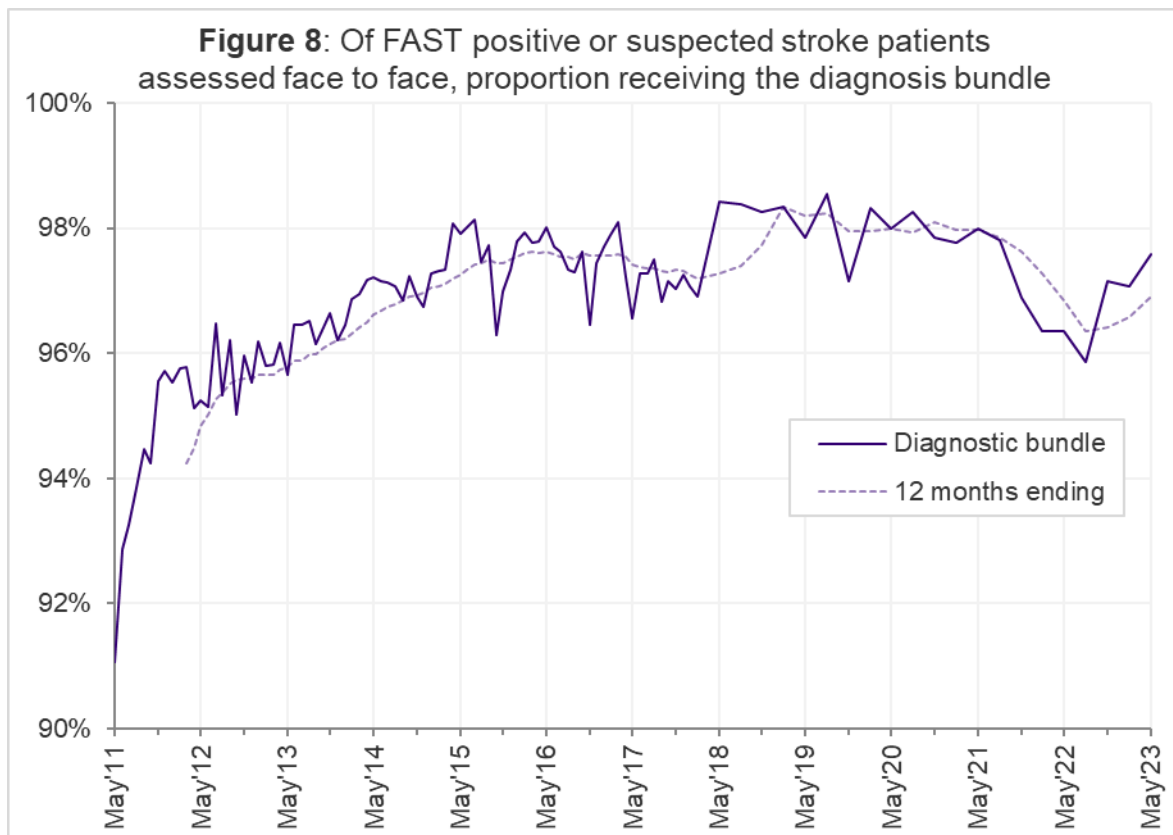
The FAST procedure helps assess whether someone has suffered a stroke:

- Facial weakness: can the person smile? Has their mouth or eye drooped?
- Arm weakness: can the person raise both arms?
- Speech problems: can the person speak clearly and understand what you say?
- Time to call 999 for an ambulance if you spot any one of these signs.

Stroke patients in England receiving an ambulance should receive a diagnosis bundle; a FAST assessment, blood glucose, and two blood pressures should all be recorded.

In May 2023, of 8,800 such patients in England, 8,587 (97.6%) received that bundle (Figure 8), a small but significant² increase on the 2022-23 average of 96.6%.

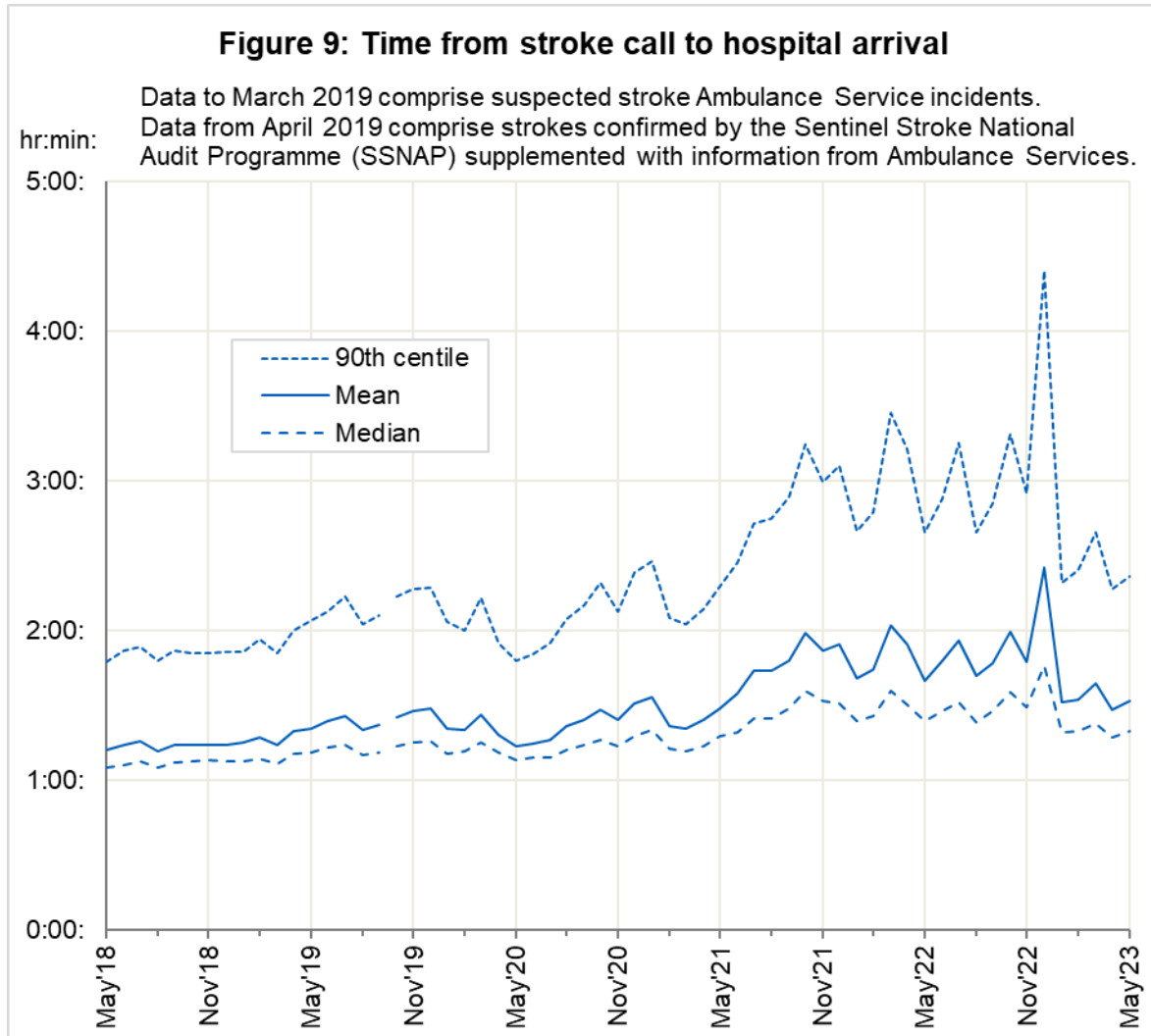
Last month's revisions to data for March 2022 to March 2023 did not contain changes to any stroke bundle data items.



² Calculated using Student's t-test with 95% significance.

2.2 Stroke time to hospital and intervention

The average time from 999 call until arrival at hospital for ambulance patients in England who had a stroke was 1 hour 31 minutes in May 2023 (Figure 9, middle line). This was shorter than the average for 2022-23 (1:48) but longer than April 2023 (1:28), which was the shortest since April 2021.

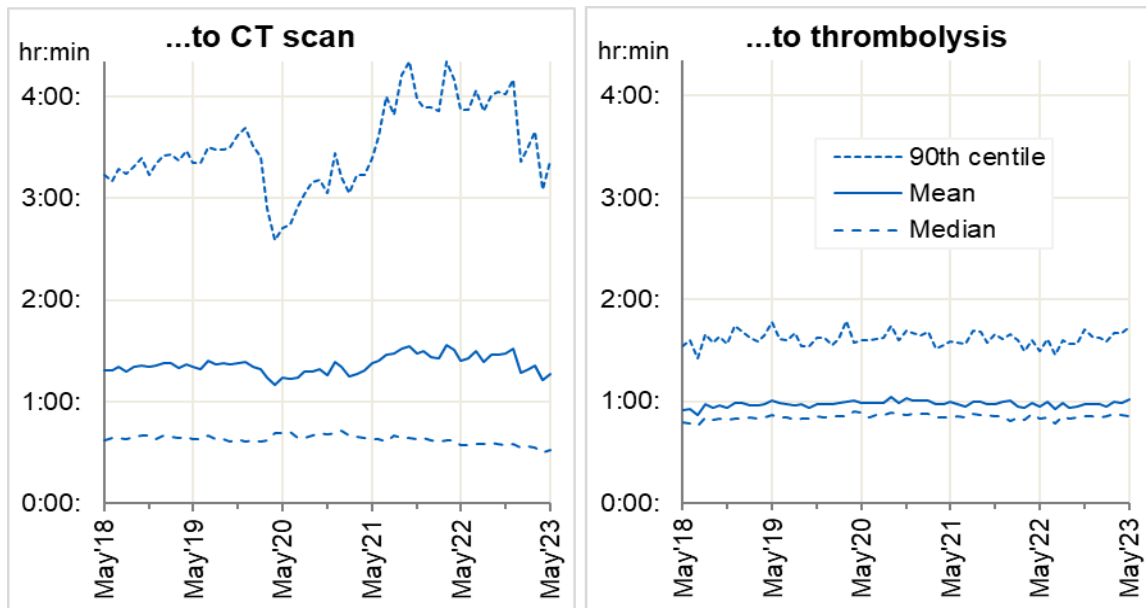


Last month's revisions contained, for March 2023, some stroke data previously missing for South Central, and all missing West Midlands data, making the England 90th centile time to CT scan 3:39, and not 3:31 as previously published. There were also smaller revisions to earlier data that only affected time to hospital arrival. Some spring 2023 data items remain missing, more for cardiac arrest than for stroke.

The average time from hospital arrival to CT scan in May 2023 was 1:16. This was shorter than the average for 2022-23 (1:25) but longer than April 2023 (1:12), which was the shortest since April 2020 (Figure 10).

The time from hospital arrival to thrombolysis in May 2023 was 1:01. This is the longest the monthly average has been since November 2020, where it was 1:02.

Figure 10: Time from hospital arrival for stroke...



3. Further information on AQI

3.1 The AQI landing page and Quality Statement

www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators, or <http://bit.ly/NHSAQI>, is the AQI landing page, and it holds:

- a Quality Statement for these statistics, which includes information on relevance, accuracy, timeliness, coherence, and user engagement;
- the specification guidance documents for those who supply the data;
- timetables for data collection and publication;
- time series spreadsheets and csv files from April 2011 up to the latest month;
- links to individual web pages for each financial year;
- contact details for the responsible statistician (also in section 3.5 below).

Publication dates are also at

www.gov.uk/government/statistics/announcements?keywords=ambulance.

The web pages for each financial year hold:

- separate spreadsheets of each month's data;
- this Statistical Note, and equivalent versions from previous months;
- the list of people with pre-release access to the data.

3.2 AQI Scope

The AQI include calls made by dialling either the usual UK-wide number 999 or its international equivalent 112. As described in the specification guidance in section 3.1, incidents resulting from a call to NHS 111 are included in all AmbSYS indicators, except the counts of 999 calls (indicators A1, A124, and A125) and answer times (A2 to A6 and A114).

3.3 Related statistics

NHS England publishes ambulance handover delays at hospital during winter 2012-13 to 2014-15 and winter 2017-18 to 2022-23 at

www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep.

The Quality Statement described in section 3.1 includes information on:

- the “Ambulance Services” publications by what became NHS Digital <https://digital.nhs.uk/data-and-information/publications/statistical/ambulance-services>, with data from before 2000, to 2014-15;
- a dashboard with an alternative layout for AQI data up to April 2016;
- the comparability of data for other countries of the UK:

Wales: <https://easc.nhs.wales/asi>

Scotland: See Quality Improvement Indicators (QII) documents at www.scottishambulance.com/TheService/BoardPapers.aspx

Northern Ireland: www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics

3.4 Centiles

The centile data for England in this document, also published in spreadsheets alongside this document, are not precise centiles calculated from national record-level data. Instead, they are the centiles calculated from each individual trust’s record-level data, weighted by their incident count, and averaged across England. So, if England only had two trusts, with centiles of 7:10 and 7:40, and the former had twice as many incidents as the latter, the England centile would be 7:20.

3.5 Contact information

Media: NHS England Media team, nhsengland.media@nhs.net, 0113 825 0958.

The person responsible for producing this publication is Ian Kay, Performance Analysis Team, Transformation Directorate, NHS England, 0113 825 4606, england.nhsdata@nhs.net.

3.6 National Statistics

The UK Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.